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55/3/2

FO: Registration Section Division of Corporations		
SUBJECT: Fede Group, 1	LC	
1.	Name of Limited Liability Company	
	ility Company for Authorization to Transact Business in Florida." Certificat pove referenced foreign limited liability company to transact business in Flo	
Please return all correspondence concerning this ma	tter to the following:	
Francisco	Touron III Name of Person	
Taylor Esp	MO Vega & Touron PLLC Firm/Company	
201 Alham	bra Circle, Ste. 801	
Coval	Cables FL 33134 City/State and Zip Code	
E-mail address:	to be used for future annual report notification)	ſ
For further information concerning this matter, plea	se call:	
Francisco Touron Name of Contact Person	at (305) 441-9355 Area Code Daytime Telephone Number	}
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee. FL 32303	
Enclosed is a check for the following amou Please make check payable to: FLORIDA S125.00 Filing Fee S130.00 Filin Certific	DEPARTMENT OF STATE	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Name of Foreign Limited Liability Compley), must include "Limited				 · ·
lable, enter alternate name adopted for the purpose of transacting business in Flo Lawy L on under the law of which foreign limited liability company is organized)			e "Limited Lability Company 1074040 (FE) number, if applicable	
4 25 20 13 (Date first Jansacted business in Florida, if prior to respect to the sections 605 (000) & 605 (000). F.S. to determine				: •
SIS RISCAYNE BIND-		(Mailing Address)	e as	
e. 208	_	Prin	erpal Off	ice
amı, FL 33138 and street address of Florida registered agent: (P.O. Box	NOT accep	otable)		
ame: Francisco Touron		_		
• • • • • • • • • • • • • • • • • • • •		5te-80 Florida		-
ame: Francisco Touron Mice Address: 201 Alhambra Cr	rate, s	– <u>5</u> te. 80		

designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and A	ddress:
Manager	Name: Federico Teran	□Manager	Name:		
⊒Member	Address: 901 Rrickel Key Blod.	□Member	Address:		
□Authorized	No. 704	□Authorized			
Person	Mami, FL 33131	Person			
□Other	V □Other	□Other		□Other	. ;
					•
□Manager	Name:	□Manager	Name:		·
□Member	Address:	□Member	Address:		i.
□Authorized		□Authorized			·
Person		Person			
DOther	□Other	□Other		□Other	
					1.
□Manager	Name:	□Manager	Name:		
□Member	Address:	□Member	Address:		<u> </u>
Authorized		□Authorized			<u> </u>
Person		Person			
□Other	□Other	□Other		□Other	<u> </u>

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.

Signature of an authorized person

Federico Tevan Managing Member

Typed or pointed name of signee

Delaware The First State

I. JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "FEDE GROUP, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR

AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO

TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-FIFTH DAY OF APRIL,

A.D. 2013, AT 2:07 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202321473

Date: 01-20-21



February 8, 2021

FRANCISCO TOURON III 201 ALHAMBRA CIRCLE STE 801 CORAL GABLES, FL 33134 US

SUBJECT: FEDE GROUP, LLC Ref. Number: W21000014930

We have received your document for FEDE GROUP, LLC and your check(s) totaling \$1646.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a foreign corporation, but your entity is a foreign limited liability comapany. Please complete and return the enclosed blank form(s).

There is a balance due of \$123.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 321A00002757

12/3/2/2